



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

**RBW109-3501-08-115**  
**Job Sheet 172671**



**Part No:** RBW109-3501-08-115

**Job Qty:** 1 ea

**Part Name:** Adapter, Landing Gear Shockstruts Nitrogen Change



**Part Weight:** 0 lbs

**Status:** Scheduled

**Priority:** Medium

**Job Created:** 2/21/18

**Job Tracking No:**

**Due Date:** 3/23/18

**Created By:** Marie Lajeunesse

**Type:** SOLD

**Description:**

**Note:** DWG RBW109-3501-08-115 Rev 3 IPP Rev A 18.02.14 New issue DP Verify DD

**Ship Via:**

### Bill of Materials

### Job Routing

| Op No | Operation  | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |                | Sign-off      |
|-------|------------|-------|------------|----------|-----------|---------|-----------------------|----------------|---------------|
|       |            |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time      |               |
| 100   | Purchasing | 1 pcs |            | 3/23/18  | 0.00      | 0.00    | Purchasing            |                | AK 18/04/06   |
| 110   | Packaging  | 1 pcs |            | 3/23/18  | 0.00      | 0.00    | Packaging2            |                | AK 18/04/06   |
| 120   | QC         | 1 pcs |            | 3/23/18  | 0.00      | 0.00    | QC6                   |                | 11 APR 11 018 |
| 130   | Packaging  | 1 pcs |            | 3/23/18  | 0.00      | 0.00    | Packaging3            |                | 9-89          |
| 140   | QC21-FG    | 1 Ea  |            | 3/23/18  | 0.00      | 0.00    | QC21                  | mtf. 18/04/10. | GA 106        |

Part Op 100 - Issue P/O: 039098 MANUFACTURE RBW109-3501-08-115 AS PER DWG Supplier: METEC \*\*\*NOTE\*\*\*

Descriptions: Ensure solder joint is clean of all debris. Soldered joint must hold 1500psi of nitrogen charge. Certificate of conformity is required

FEB 23 2018

1003

APR 11 2018

### Job BOM

| Part / Item         | Component Name                                    | Quantity | Operation      | Container |
|---------------------|---------------------------------------------------|----------|----------------|-----------|
| RBW109-3501-08-115P | Adapter, Landing Gear Shockstruts Nitrogen Change | 1 (1 ea) | 100-Purchasing | 5058902   |

### Job Allocations

| Operation      | Component Part      | Required | Inventory | Allocated |
|----------------|---------------------|----------|-----------|-----------|
| 100-Purchasing | RBW109-3501-08-115P | 1        | 0         | 0         |

### Part Specifications

Specifications could not be found.

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |                       |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Step #: _____                                                                                                                                                                      | QTY Effective _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | MRB (QSI042) Approval |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                       |  |
| <div style="position: relative; width: 100%; height: 100%;"> <div style="position: absolute; top: 10%; left: 10%; transform: rotate(-15deg); border: 1px solid black; padding: 5px;">             Job No: 172671<br/>             Mtg Date: 04/06/18           </div> <div style="position: absolute; top: 30%; left: 20%; transform: rotate(-10deg); font-weight: bold; font-size: 1.2em;">             PART NO: RBW109-3501-08-115<br/>             Serial No/Batch: S058908<br/>             Revision: _____<br/>             Operation: _____<br/>             Change No: _____<br/>             Adapter, Landing Gear Shockstruts Nitrogen Change           </div> <div style="position: absolute; top: 50%; left: 30%; font-weight: bold; font-size: 1.5em;">             Packaging           </div> </div> |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                       |  |
| Completed By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                       |  |
| Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                       |  |
| QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                       |  |
| Positioned Wrong                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                       |  |
| Outside Dimensions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                       |  |
| Over/Under tolerance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                       |  |
| Part Incorrect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                       |  |
| Part Lost/Missing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                       |  |
| Part Moved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                       |  |
| Drawing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                       |  |
| Finish                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                       |  |
| Misread                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                       |  |
| Turning Sequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                       |  |

| Root Cause         |                          |                       |                          |
|--------------------|--------------------------|-----------------------|--------------------------|
| Environment        | <input type="checkbox"/> | No Re-verification    | <input type="checkbox"/> |
| Design             | <input type="checkbox"/> | Operator              | <input type="checkbox"/> |
| Doc/Data           | <input type="checkbox"/> | Offset/Setup          | <input type="checkbox"/> |
| Equip/Tooling      | <input type="checkbox"/> | Supplier              | <input type="checkbox"/> |
| Handling/Pre       | <input type="checkbox"/> | Training              | <input type="checkbox"/> |
| Material           | <input type="checkbox"/> | Use for Testing       | <input type="checkbox"/> |
| Internal Transport | <input type="checkbox"/> | Poor Information      | <input type="checkbox"/> |
| Tribal Knowledge   | <input type="checkbox"/> | Rushing               | <input type="checkbox"/> |
| LOA                | <input type="checkbox"/> | Product Improvement   | <input type="checkbox"/> |
| Substation         | <input type="checkbox"/> | Process Improvement   | <input type="checkbox"/> |
| Past Expiry Date   | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> |
| Misidentified      | <input type="checkbox"/> | Past Due              | <input type="checkbox"/> |

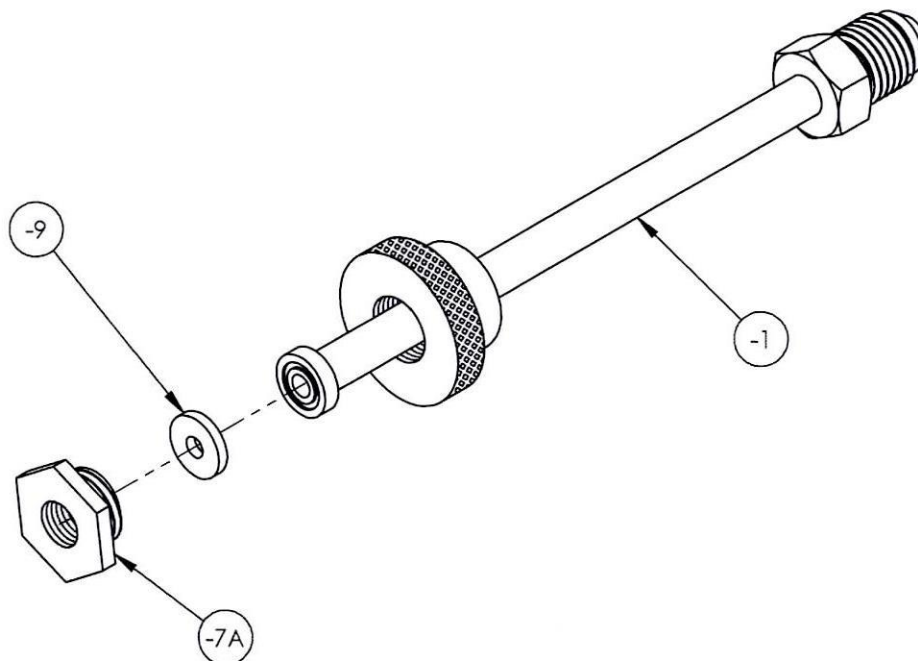
|                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Incomplete/Unqualified <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

OTHER : \_\_\_\_\_



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| REVISIONS |         |                                                                                                                                                                                                                                                                                              |            |         |          |
|-----------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|----------|
| REV       | ECR     | DESCRIPTION                                                                                                                                                                                                                                                                                  | DATE       | INITIAL | APPROVED |
| 1         |         | MERGED -7, -8 & -9 INTO -7 AS BUYOUT. DELETED PAGE 4. -5 CHD TUBE DIMENSIONS, WAS $\varnothing.180/\varnothing.250$ , IS $\varnothing.210/\varnothing.280$ .                                                                                                                                 | 9/14/2010  | WP      | DW       |
| 2         |         | -5 CHD MATERIAL FROM BRASS TO 303/304. ADDED EXTRA GASKET RELIEF. MERGED -7, -9, AND -11 INTO -7 ASSEMBLY.                                                                                                                                                                                   | 9/20/2010  | WP      | DW       |
| A2        |         | CORRECTED P/N WAS RBW109-351-08-115 IS RBW109-3501-08-115. -5 CHD ID FROM $\varnothing.115$ TO $\varnothing.156$ .                                                                                                                                                                           | 6/26/2012  | JAG     | SE       |
| 2A        |         | UPDATED SHEET FORMATS AND DRAFTING STANDARDS. SEPARATED -3 & -5 TO INDIVIDUAL SHTS. ADDED -7A TO BOM.                                                                                                                                                                                        | 10/16/2013 | CFS     | RW       |
| 3         | 16-0208 | -3 CHD DIM WAS $\varnothing.24 \pm .001$ IS $\varnothing.242 \pm .001$ . -5 CHD DIM'S WAS $\varnothing.156$ IS $\varnothing.135 \pm .030$ , WAS $\varnothing.240$ [S.F. -3] IS $\varnothing.240 +.000/-0.002$ [S.F. -3], WAS $\varnothing.375$ IS $\varnothing.38$ . DELETED NOTE 1 SHEET 1. | 11/2/2016  | RJC     | JAG      |



| ASSY QTY | ASSY QTY | B/O | Part # | UNIT QTY | Description         | Material   | B/O INFORMATION OR SPECIFICATIONS                            | PG. |
|----------|----------|-----|--------|----------|---------------------|------------|--------------------------------------------------------------|-----|
|          | X        |     | -1     | 1        | SOLDER ASSY.        |            |                                                              | 2   |
|          | 1        |     | -3     |          | FLARED FITTING, 37° | 316 S.S.   | 7/16-20 FOR 1/4 OD TUBE (MCMMASTER-CARR #50715K522) MODIFIED | 3   |
|          | 1        |     | -5     |          | TUBE                | 304 S.S.   |                                                              | 4   |
|          | 1        |     | -7     |          | FITTING, THUMB NUT  |            | (AIRCRAFT SPRUCE #06-11700 SCHRADER #6116) MODIFIED          | 2   |
|          |          |     | -7A    | 1        | FITTING, HEX NUT    |            | PART OF -7                                                   | 1   |
|          |          | B/O | -9     | 1        | GASKET              | HARD FIBER | (AIRCRAFT SPRUCE #SK2043-5)                                  | 1   |
|          | ASSY -1  |     |        |          |                     |            |                                                              |     |

|                                                      |                                                                                                                                           |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DART<br/>AEROSPACE</b>                            |                                                                                                                                           |
| TITLE<br>ADAPTER, L/G SHOCKSTRUTS<br>NITROGEN CHARGE |                                                                                                                                           |
| DWG NO.<br>RBW109-3501-08-115                        | REV<br>3                                                                                                                                  |
| MAT'L<br>HEAT TREAT<br>FINISH<br>SPEC                | UNLESS OTHERWISE SPECIFIED<br>DIMENSIONS ARE IN INCHES<br>.XXX ± .005 FRACTIONS ± 1/8<br>.XX ± .01 ANGLES ± 5°<br>.X ± .1 SURFACES = 125/ |
| DRAWN BY: PERRITT                                    | 1. BREAK ALL SHARP EDGES<br>.015 x 45° OR .015R                                                                                           |
| CHECKED: DUERFELDT                                   | 2. DIMENSIONAL LIMITS APPLY<br>AFTER PLATING                                                                                              |
| OPPS APPR: ANDERSON                                  | 3. INTERPRET DIM AND TOL PER<br>ASME Y14.5M-2009                                                                                          |
| QA APPR: LINDSAY                                     | USED ON MODEL<br>AGUSTA AW139                                                                                                             |
| APPROVED: GILBERT                                    |                                                                                                                                           |
| SCALE 1:1                                            | DATE 4/23/2010 SHEET 1 OF 4                                                                                                               |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                                           |  |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                                                                                                                                                                           |  |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | <b>MRB (QSI042) Approval</b><br><br><br><b>Completed By</b><br><br><br><b>Lead hand / Supervisor Approval Verification</b><br><br><br><b>QC / QA Coordinator Approval</b> |  |  |
| <b>Description Work Order Deviation</b>                      |                                                |                                                                                                                                                                                    |                                                            | <b>Disposition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               |  |                                                                                                                                                                           |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                                           |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                                           |  |  |
| <b>Root Cause</b>                                            |                                                | <b>FAULT CATEGORY</b>                                                                                                                                                              |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                                           |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                                                                                                                                                                           |  |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                                                                                                                                                                           |  |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                                                                                                                                                                           |  |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                                                                                                                                                                           |  |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                                                                                                                                                                           |  |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                                                                                                                                                                           |  |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                                                                                                                                                                           |  |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                                                                                                                                                                           |  |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                                                                                                                                                                           |  |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                                                                                                                                                                           |  |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | <b>OTHER :</b>                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                                           |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                                           |  |  |



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

# PURCHASE ORDER

## PO039098

**Supplier:** MEM001-VC  
Metec Metal Technology Inc.  
20 Terry Fox Drive PO Box 781  
Vankleek Hill  
ON  
K0B 1R0 Canada  
Phone: 613 678 3957  
Fax: 613 678 3956

**Attention:** Walz, Shigi

**Ship To:** 1270 Aberdeen Street  
Hawkesbury  
ON  
K6A 1K7 Canada  
Phone: 613-632-5200

**PO No:** PO039098

**PO Date:** 2/23/18

**Due Date:** 4/13/18

**Purchase Order**

**Revision:**

**Revision Date:**

**Ship-To Contact:** Baker, Diane  
Phone: dbaker@dartaero.com

**Via:** Ground

**Pynt Terms:** Net 30

**Freight Terms:**

**Special Comments:**

*REVISED*

### Items

| Line Item                  | Part                | Supplier Part No | Item No | Description                                                                            | Status | Due Date | Order Quantity | Received Quantity | Balance | Unit Price (CAD)    | Extended Price  |
|----------------------------|---------------------|------------------|---------|----------------------------------------------------------------------------------------|--------|----------|----------------|-------------------|---------|---------------------|-----------------|
| 1                          | RBW109-3501-08-115P |                  |         | Adapter, Landing Gear Shockstruts Nitrogen Change As Per Dwg RBW109-3501-08-115 Rev. 3 | Firmed | 4/6/18   | 1 Ea           | 0 Ea              | 1 Ea    | \$606.10/Ea         | \$606.10        |
| Line Item Note job# 172671 |                     |                  |         |                                                                                        |        |          |                |                   |         |                     |                 |
| 2                          | RBE350A93-5400-00P  |                  |         | Arriel Engine Support As Per Dwg RBE350A93-5400-00 Rev. 4C                             | Firmed | 4/13/18  | 1 pcs          | 0 pcs             | 1 pcs   | \$1.00/pcs          | \$1.00          |
| Line Item Note job# 172725 |                     |                  |         |                                                                                        |        |          |                |                   |         |                     |                 |
|                            |                     |                  |         |                                                                                        |        |          |                |                   |         | <b>Grand Total:</b> | <b>\$607.10</b> |

### Order Notes

Terms & Condition of Purchasing(Suppliers) and Procurement Quality Clauses are an integral part of our AS9100 requirements. To learn in detail, please visit [www.dartaerospace.com](http://www.dartaerospace.com) for further explanation.

#### Procurement Quality Clauses

- A005 RIGHT OF ENTRY
- A007 FIRST ARTICLE INSPECTION (FAI) BY SELLER, (DOCUMENTATION MAINTAINED BY SUPPLIER)
- A012 CHEMICAL AND PHYSICAL TEST REPORTS
- A016 PERSONNEL QUALIFICATION
- A017 RAW MATERIAL IDENTIFICATION (AS APPLICABLE)
- A026 CERTIFICATION OF MATERIAL CONFORMANCE
- A041 QUALITY MANAGEMENT SYSTEM
- A042 DART NOTIFICATION BY SUPPLIER
- A043 RETENTION OF QUALITY DOCUMENT
- A048 COUNTERFEIT PARTS AVOIDANCE, DETECTION, MITIGATION AND DISPOSITION PROGRAM
- A049 SUPPLIER AWARENESS

*CD*

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20 Terry Fox Drive, Vankleek Hill, Ontario K0B 1R0

Tel. (613) 678-3957 & (613) 678-2782 Fax (613) 678-3956 [metec@metec.ca](mailto:metec@metec.ca)

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## CERTIFICATE OF CONFORMITY

SOLD TO:

Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, Ont.  
K6A 1K7

SHIPPED TO:

same

| Quantity | Part Number              | Part Name                                           | P.O. Number |
|----------|--------------------------|-----------------------------------------------------|-------------|
| 1        | RBE305A93-5400-00 REV 4C | Adaptor Landing Gear<br>Shockstruts Nitrogen Change | 39098       |

MATERIAL: supplied by METEC

We hereby certify that the above parts were made in conformance with applicable drawings.

*METEC Metal Technology Inc.*

Heather Nixon

A handwritten signature in blue ink that reads "Heather Nixon".

Vankleek Hill, April 5, 2018